

take his family with him as he has no means of providing for them here, and the cost of such a journey is necessarily heavy. We appeal once more to the profession to extend a helping hand to this unfortunate brother who has been the victim of an official persecution to which happily few of us are exposed. As Dr. Smith has to sail for South Africa on January 31st, we venture to remind those who may be disposed to contribute to the fund that *Bis dat qui cito dat*.

The following subscription has been received in addition to those already announced:

Sir William Broadbent ... £5 5s.

PUBLIC HEALTH ADMINISTRATION IN EAST LOTHIAN.

THE circumstances of the Dunbar epidemic of enteric fever have directed public attention anew to the defects in the sanitary organisation of the county of Haddington. The disease has been quite evidently waterborne; the contamination of the water supply must have occurred within the jurisdiction of the county council; theories with respect to the source of contamination are in the air, but from the county health department comes no sign—the oracle is dumb.

The county council of Haddingtonshire have, it is well known, been allowed to drive a coach and four through an Act of Parliament. The intention of the Local Government Act of 1889 was to abolish the old parochial system of sanitary administration, which had been weighed in the balance and found wanting, and to substitute for the parochial unit the administrative county, with a county medical officer as its chief officer, who should not engage in private practice "except with the express written consent of the county council." It was considered impracticable to make the rule against private practice absolute, in view of the difficulties likely to arise in the more remote districts of the highlands and islands.

Almost all the county councils in Scotland recognised the spirit and intention of the Act, and individually, or by an arrangement of grouped counties, appointed county medical officers debarred from private practice. Haddingtonshire and one or two other counties acted in defiance of the spirit, if not of the letter, of the Act. In Haddingtonshire twelve or thirteen parochial medical officers were retained, with miserable pittance in name of salaries. A highly esteemed gentleman, whose time is engrossed with the demands of a large private practice in Edinburgh, was, in compliance with the letter of the Act, appointed county medical officer at a nominal salary, and one sanitary inspector was appointed for the whole county. The central authority, the Board of Supervision, naturally did not approve of these arrangements. It declined to certify the sanitary organisation of the county as efficient, and the Imperial grant in aid of the salaries of sanitary officers was consequently withheld. Strong pressure was brought to bear upon the Secretary for Scotland, Lord Lothian, to overrule the decision of the Board, but in vain. A succeeding Secretary, Sir George Trevelyan, in a moment of weakness, withdrew the embargo, and counties with lame and impotent sanitary organisations, such as the county of Haddington, were permitted, to the disgust of all interested in the public health administration of the country, to share in the grant.

The existing arrangement is that East Lothian satisfies no one, not even the county council, who openly flouted the county medical officer last year by taking the extraordinary step of issuing a circular letter to county medical officers over Scotland, asking their advice as to the propriety of providing a series of caravan hospitals in the county, in lieu of stationary hospitals. The county sanitary organisation has the confidence neither of the county council, the medical profession, nor the general public. Like its forerunner, it has been weighed in the balance and found wanting. It stands in need of reconstruction, and, as a preliminary thereto, it would be well if the Scottish Secretary, Lord Balfour, would resume the policy of Lord Lothian, and decline to accept the present makeshift arrangement as satisfying the requirements of the Local Government Act.

THE FATAL ILLNESS OF PRINCE HENRY OF BATTENBERG.

WE subjoin a brief account of the course of the illness of Prince Henry of Battenberg, from the information which has come to hand. No further detailed report had, we understand, been received by Her Majesty up to Thursday afternoon. From our despatches and telegrams, we find that he was seized with the illness which has proved fatal about a fortnight ago, the first intimation received in this country being conveyed by a telegram from Kwis, dated January 10th, which stated that he had a slight attack of malarial fever, and had gone back to the base in charge of Surgeon-Captain Hilliard. A second message which followed soon afterwards stated that the attack was not serious, and added that the Prince was bitterly disappointed at the doctors' decision that he must not go forward with the column. His Royal Highness was transported to the coast by special carriers, who travelled day and night. On January 12th a telegram from Praha stated that the Prince had arrived there that day, and that he had found the hot march from Essiaman rather trying. That night his condition became worse; the malarial poison was intense, but apparently passing off, and it was decided that he should remain at Praha to recover his strength somewhat. On January 15th a Reuter's telegram intimated that he had passed a restless night, but his temperature was lower; it was added that his strength was good, and that he would continue his journey to the coast. On January 17th the Prince was taken on board H.M. cruiser *Blonde*, which sailed for Madeira. Surgeon-Captain Hilliard, who had intended to return to the front, accompanied the Prince, who, though weak, showed no symptoms of a nature to cause alarm, and there appeared reason to hope that there would be no relapse.

For a few days there was no news, a fact which was taken to indicate that the Prince was progressing favourably. The announcement, therefore, that he had had a sudden relapse on the 20th and had died at sea on the evening of the same day came with a great shock to all classes in the country.

THE PROGNOSIS AND CHARACTER OF THE FEVER.

Little anxiety had been felt at home about the result of the attack of which the Prince was the victim, although the fact that he had been exposed to the same malignant influences that had proved so rapidly fatal to Major Ferguson suggested caution about venturing on too hopeful a prognosis. So far as any season can be considered healthy on the West Coast of Africa it is the month of January; this fact, and the knowledge that the patient would receive the most careful medical attention, and the promptitude with which he had been removed from malarious influences, seemed to warrant the expectation that the attack would prove a light one.

As is well known, the malarial fevers of the West Coast of Africa are very apt to assume malignant and pernicious forms. So far as we can judge from the limited data to hand, Prince Henry of Battenberg's case was of the adynamic remittent rather than of the comatose hyperpyrexial or of the bilious hæmoglobinuric pernicious type, forms which—especially the latter—are most apt to appear after longer exposure to the endemic influences than Prince Henry had been subjected to.

MALIGNANT MALARIA: ITS TENDENCY TO RELAPSE.

Going to sea is by no means a sure preventive of relapse. As a matter of fact malarials at sea returning from the West Coast almost invariably suffer from recurrences of their fevers, although the attacks tend to appear at longer intervals and to be of a progressively milder type as Europe is approached. It is much to be deplored that we have no certain remedy for these forms of malarial infection. Quinine, which is so sure and so potent a remedy in ordinary tertians and quartans, is by no means so efficacious against the malignant malarial parasites; it is even said to aggravate such condi-

tions as malarial hæmoglobinuria, although this may be doubted. One cannot abandon the hope that ere long some drug will be discovered that will have as powerful an influence over these malignant parasites as quinine has over the benign tertian and quartan types of the plasmodium malariae. Prince Henry will not have died in vain if his death should call attention to what is a very glaring gap in the *Pharmacopeia*, and stimulate our efforts to attain a fuller knowledge of the cause, pathology, and treatment of malarial diseases.

THE ASHANTI EXPEDITION.

[FROM OUR SPECIAL CORRESPONDENTS.]

Health of the Troops.—Deaths from Heat Apoplexy.—Climate of Cape Coast Castle.—Precautions as to Water.—Cases in the Base Hospital.

WE have received to-day a number of despatches from our correspondents in the Ashanti expedition, from which we summarise the following particulars. Letters will be published in fuller detail in our next issue.

The health of the troops has on the whole been good; one officer of the East Indian Regiment was invalided to England with remittent fever soon after arrival; one private of the same regiment died on December 26th from remittent fever contracted on the day of arrival; on the night of his death, his temperature rose to 109.4°. A sergeant of the Composite Battalion on his first march was struck down by heat apoplexy which rapidly proved fatal, and on December 30th a corporal of the Army Service Corps was found dead at the first halting place, presumably from heat apoplexy. The average daily temperature at Cape Coast Castle, where the base hospital is established, is 85° F., but this temperature is more trying than a similar temperature in India, as the climate is much damper. The difference between the wet and dry bulb is only a few degrees. The general experience is that up country the atmosphere is clearer, and the climate quite invigorating. As Prashu does not bear a good name, the large stationary hospital there will probably be changed to a better site at the Yakui-Yankumassi, about eleven miles from the Prah, which is believed—from the experience at head staff, which camped there for several days—to be a most suitable spot.

At each halting place a commandant has been appointed, whose principal duties are to prepare a good supply of water and to enforce every sanitary precaution. The place whence the water is drawn is guarded by a sentry and every source of contamination prevented. The water is very bad, sometimes like porter. It is boiled, filtered with the Pasteur filters, and placed in native chatties.

At the base hospital, which is situated on Connors Hill at a height of 150 feet above the sea, there is accommodation for forty-two Europeans, thirty-four in huts and eight in a tent; the huts are cool and airy, and the floor is supported on pillars about 4 feet above the ground. There are two huts for sick officers, containing three and two beds respectively. There is also accommodation for twenty-two of the West India Regiment in tents. The sick are supplied with fresh meat, but no fresh milk is to be obtained. One case of acute dysentery has occurred in the person of a European sergeant of a West India regiment. One sergeant of the same regiment was admitted with an accidental bullet wound of the arm; the bullet passed through the upper third of the left humerus, and then through the fleshy part of the arm of a carrier both cases are doing well. With these exceptions, all the cases have been of a minor nature.

TUBERCULOSIS AND FOOD.

THE second and third parts of the report of the Royal Commission on Tuberculosis have just been issued. The second part contains the minutes of evidence. The third part consists of detailed reports by Professor McFadyean on the means of recognising tuberculosis in animals during life, by Dr. Sidney Martin on the infectivity in the lower animals of food of tuberculous origin, and by Dr. Sims Woodhead on the influence of cooking processes in destroying the infectivity of tubercle. The general effect of these researches has

already been stated in the *BRITISH MEDICAL JOURNAL* of April 27th, 1895, when reviewing the report of the Commission, but they will be found well worthy of detailed study. The reports of Drs. Sidney Martin and Sims Woodhead are illustrated by a large number of microscopic and macroscopic photographs.

THE NEW KIND OF RADIATION.

WE are indebted to Mr. A. A. J. Campbell Swinton, electrical engineer (66, Victoria Street, S.W.), for the photograph which we reproduce in a reduced size. It is a photograph of his own hand taken with the assistance of Mr. J. C. M. Stanton by means of the new radiation discovered by Professor



Roentgen. The photograph has the qualities of a shadow; and, as Professor Schuster pointed out in these columns last week, these photographs are in the nature of shadows, though shadows produced by rays which are not luminous. It will be seen that the bones appear as dark shadows, bony tissue sharing with most metals the power of stopping these newly discovered rays.

DIPHTHERIA IN CHICAGO.—The Health Department of Chicago has organised an emergency corps for the purpose of fighting the spread of diphtheria. The corps consists of fifteen medical practitioners with a chief, and the plan is to treat the disease as an epidemic, and try to stamp it out. All the doctors are required to use the antitoxin treatment, as well as to perform intubation and tracheotomy as the occasion arises.

THE late Mr. John Smith, of Westbourne Terrace, has by his will bequeathed £1,000 to the British Hospital at Buenos Ayres and £500 to the Metropolitan Sunday Fund.